UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D. 6220549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1.11000	
OMB API	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated averag	e burden

hours per response..... 1

DATE RECEIVED

SEC USE ONLY Prefix Serial

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series C Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	IS SERVICE CONTRACTOR OF THE SERVICE
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	04037053
IntraPace, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1390 Willow Road, Menlo Park, CA 94025	Telephone Number (Including Area Code) (650)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code) PROCESSED
Brief Description of Business Development of medical devices	JUL 08 2004
Type of Business Organization Corporation Dimited partnership, already formed Dissiness trust Dimited partnership, to be formed other	(please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, of have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to fil federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Managing Partner Full Name (Last name first, if individual) Imran, Mir clo IntraPace, Inc., 1390 Willow Road, Palo Alto, CA 94025 Check Box(es) that Apply:	 Each beneficial own 	ne issue ner hav cer and	er, if the issuer ing the power director of con	has been to vote of porate i	issuers and of corpora	ie vote				securities of the issuer; nd
Intran, Mir Color Intrance, Inc., 1390 Willow Road, Palo Alto, CA 94025	Check Box(es) that Apply:	\boxtimes	Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director	
Check Box(es) that Apply:	Full Name (Last name first, i	f indiv	idual)			-				
Check Box(es) that Apply:	Imran, Mir									
Managing Partner Managing Partner	c/o IntraPace, Inc., 1390 W	iłlow I	Road, Palo Al	to, CA	94025					
Business or Residence Address (Number and Street, City, State, Zip Code) business or Residence Address (Number and Street, City, State, Zip Code) check Box(es) that Apply:	Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Robertson, Bruce Business or Residence Address (Number and Street, City, State, Zip Code) Evo Toucan Capital Fund II, L.P., 7600 Wisconsin Avenue, 7th Floor, Bethesda, MD 20814 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Barnes, Jeffrey T. Business or Residence Address (Number and Street, City, State, Zip Code) Evo Oxford Bioscience Partners, L.P., 222 Berkeley Street, Suite 1659, Boston, MA 02116 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Roe, Wayne Business or Residence Address (Number and Street, City, State, Zip Code) Stall Elsmere Avenue, Bethesda, MD 20814 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Draper Fisher Jurvetson ePlanet Ventures L.P. and Affiliates Business or Residence Address (Number and Street, City, State, Zip Code) Basiness or Residence Address (Number and Street, City, State, Zip Code) Basiness or Residence Address (Number and Street, City, State, Zip Code) Basiness or Residence Address (Number and Street, City, State, Zip Code) Basiness or Residence Address (Number and Street, City, State, Zip Code) Basiness or Residence Address (Number and Street, City, State, Zip Code) Basiness or Residence Address (Number and Street, City, State, Zip Code) Basiness or Residence Address (Number and Street, City, State, Zip Code) Basiness or Residence Address (Number and Street, City, State, Zip Code) Basiness or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, i Jamal, Asad	f indiv	idual)							
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7600 Wisconsin Avenue, 7th Floor, Bethesda, MD 20814	·									
	Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)					
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	7600 Wisconsin Avenue, 7th	Floor,	Bethesda, M	D 2081	14					
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A. BASIC IDENTIFICATION DATA

Full Name (Last name first, if individual) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code) Discussions or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
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Check Box(es) that Apply:	Full Name (Last name first, i	f individual)				<u> </u>
Managing Partner	Business or Residence Addre	ess (Number and Stree	t, City, State, Zip Code)			
Managing Partner	Charle Day(aa) that Angeles	D	[] p		[] Dimension	[] []
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:			Beneficial Owner	Executive Officer	Director	
Check Box(es) that Apply:	Full Name (Last name first, i	f individual)				
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Full Name (Last name first, if individual)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if	individual)				
	Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			

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1. Has th	e issuer sold	or does the i	ssuer intend	to sell to no	n-accredited	investors in	this offering	7			Yes	No ⊠
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
2. What is the minimum investment that will be accepted from any individual?							\$	N/A				
3. Does the offering permit joint ownership of a single unit?							Yes ⊠	No				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar												
remun	eration for so or agent of a	licitation of p	urchasers in	connection v	vith sales of s	ecurities in t	he offering. 1	If a person to	be listed is a	n associated		
than fi	ve (5) person											
dealer Full Name (only. Last name fir	st, if individ	ual)									
										.		···
Business or	Residence A	ddress (Num	ber and Stree	t, City, State	e, Zip Code)							
Name of As	sociated Brol	er or Dealer										
States in Wh	nich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Check "A	All States" or	check indivi	duals States)								☐ All	l States
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Full Name (Last name fir	st, if individ	ual)									
·												
Business or	Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Name of Ass	sociated Brok	er or Dealer			70 - 1							
States in Wh	nich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Check "A	All States" or	check indivi	duals States)		••••••••••	• • • • • • • • • • • • • • • • • • • •			•••••		☐ All	States
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Full Name (I	Last name fir	st, if individu	ial)								<u>. </u>	
Business or l	Residence Ac	idress (Numl	per and Stree	t, City, State	, Zip Code)				 			
Name of Ass	sociated Brok	er or Dealer										
States in Wh	ich Person L	isted Has Sol	icited or Inte	ends to Solic	it Purchasers							
(Check "A	All States" or	check indivi	duals States)	••••••••••••	•••			••••••			☐ All	States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use b	olank sheet, o	or copy and u	ise additiona	l copies of th	is sheet, as n	ecessary)			

Common Preferred Securities (including warrants) Interests ify) Answer also in Appendix, Column 3, if filing under ULOE. mber of accredited and non-accredited investors who have purchased securities in this offering	\$_14,599,999.72 \$ \$	\$\$ \$14.4 \$\$	nt Aiready Sold 200,000.00 ¹ 577,206.07 ²
Common Preferred Securities (including warrants)	\$_14,599,999.72 \$ \$	\$ <u>14.</u> \$ \$	577,206.07 ²
Common Preferred Securities (including warrants) Interests ify	\$ \$ \$	\$ \$	
Securities (including warrants) Interests ify	\$ \$	\$	
Interests	\$ \$	\$	
Answer also in Appendix, Column 3, if filing under ULOE. mber of accredited and non-accredited investors who have purchased securities in this offering	\$		
Answer also in Appendix, Column 3, if filing under ULOE. mber of accredited and non-accredited investors who have purchased securities in this offering		•	
Answer also in Appendix, Column 3, if filing under ULOE. mber of accredited and non-accredited investors who have purchased securities in this offering	\$ 14,799,999.72	\$	
mber of accredited and non-accredited investors who have purchased securities in this offering		\$ <u>14,</u>	777,206.07
egate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of have purchased securities and the aggregate dollar amount of their purchases on the total lines. answer is "none" or "zero."			
	Number Investors	Dollar	gregate r Amount urchase
nvestors	12	\$ <u>14,7</u>	777,206.07
ted Investors	0	\$	0
for filings under Rule 504 only)	0	\$	0
Answer also in Appendix, Column 4, if filing under ULOE.			
is for an offering under Rule 504 or 505, enter the information requested for all securities sold to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of this offering. Classify securities by type listed in Part C - Question 1.	m •		
ering	Type of Security		r Amount Sold
	0	\$	0
4	0	\$	0
	0	\$	0
Α	0	\$	0
statement of all expenses in connection with the issuance and distribution of the securities in this clude amounts relating solely to organization expenses of the issuer. The information may be ect to future contingencies. If the amount of an expenditure is not known, furnish an estimate and x to the left of the estimate.		-	
ent's Fees		\$	0
		\$	0
Engraving Costs	\boxtimes	\$	70,000.00
Engraving Costs		\$	0
		\$	0
	graving Costss	graving Costs	graving Costs

¹ Convertible Promissory Notes (the "Notes").

 $^{^{2}\,}$ Includes approximately \$200,000 issued upon cancellation of the Notes.

Sales Commissions (specify finders' fees separately)		\$ 0
Other Expenses (identify)		\$ 0
Total	\boxtimes	\$ 70,000.00

5. In the	otal expenses furnished in response to proceeds to the issuer."	Part C - Question 4.a. T	ven in response to Part C - Question 1 an This difference is the "adjusted gross		
tl le	he purposes shown. If the amount for a				\$ <u>14,729,999.72</u>
,	eft of the estimate. The total of the pay orth in response to Part C - Question 4	the			
				Payments to Officers, Directors & Affiliates	Payments To Others
S	alaries and fees			. 🗆 \$	□ \$
P	'urchase of real estate			. 🗆 \$	S
F	'urchase, rental or leasing and installat	tion of machinery and eq	quipment	. 🗆 \$	□ s
C	Construction or leasing of plant buildin	gs and facilities		. 🗆 \$	S
			es involved in this offering that may be ursuant to a merger)	. 🗆 \$	S
F	Lepayment of indebtedness			. 🗆 \$	□ s
V	Vorking capital			. 🗆 s	\$14,729,999,72
C	Other (specify):			. 🗆 \$	□ s
C	Column Totals			. 🗆 \$	 \$ <u>14,729,999.72</u>
	Total Payments Listed (column to	otals added)		. \(\)	9,999.72
(21,72)		D.	FEDERAL SIGNATURE		
programmy colores	recombined to the second secon		`*		
underta		curities and Exchange Con	y authorized person. If this notice is filed un immission, upon written request of its staff,		
Issuer	(Print or Type)	Signature		Pate	
IntraPa	of Signer (Print or Type)	Title of Signer		uly 2, 2004	
Name Mir Im	• • • •	President	(Print or Type)		